

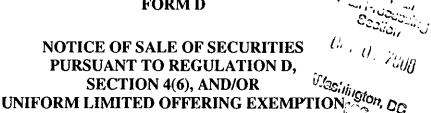
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

1447161

OMB APPROVAL

OMB Number: 3235-0076 Expires: September 30, 2008 Estimated average burden hours per response.....16.00

TEMPORARY FORM D



Name of Offering (check if this is an amendment and name has changed, and indica Subscription Receipts, Units of Common Stock and Warrants, and Common Stock	PROCESSE
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Sec Type of Filing: New Filing Amendment	ction 4(6) ULOE OCT 0 8 2008
A. BASIC IDENTIFICATION DAT	
Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate char Axea Energy Inc.	THOMSON REU
Address of Executive Offices (Number and Street, City, State, Zip Code) 900, 925 W. Georgia Street, Vancouver, British Columbia V6C 3L2 Canada	Telephone Number (Including Area Code) (604) 484-5760
Address of Principal business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Capital pool company 'ype of Business Organization ☐ corporation ☐ limited partnership, already formed ☐ business ☐ trust limited partnership, to be formed	other (please specify):
Month	
GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.50 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D in paper format on or after September 15, 2008 but before March 16, 2009. During that perinotice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments usin	(17 CFR 239.500T) or an amendment to such a notice od, an issuer also may file in paper format an initial

Who Must File: All issuers making an offering of securities in reliance on an exception under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972(9-08) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA (2)
2. Enter the information requested for the following:
 Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity
securities of the issuer.
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Schneider, Gilbert G.
Business or Residence Address (Number and Street, City, State, Zip Code)
900, 925 W. Georgia Street, Vancouver, British Columbia V6C 3L2 Canada
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Check Box(es) that Apply. Tromoter
Full Name (Last name first, if individual)
Calsbeck, Bill G.
Business or Residence Address (Number and Street, City, State, Zip Code)
900, 925 W. Georgia Street, Vancouver, British Columbia V6C 3L2 Canada
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Heney, Paul E.
Business or Residence Address (Number and Street, City, State, Zip Code)
900, 925 W. Georgia Street, Vancouver, British Columbia V6C 3L2 Canada
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
P.(I.M / (1
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Check Box(cs) that Apply. Tromoter Beneficial Owner Executive Officer Director Octical and/or Managing Factor
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
ouslines of fresidence findings (frames and street, City, State, Elp Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Devices and Devidence Address (Alexander Circ. Con. 71- Cod.)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

3 of 11

-	B. INFORMATION ABOUT OFFERING			_
ı.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No	
	Answer also in Appendix, Column 2, if filing under ULOE.			
2.	What is the minimum investment that will be accepted from any individual?	-	NI.	
3.	Does the offering permit joint ownership of a single unit?	Yes	No	
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.			
Full	Name (Last name first, if individual)			
Busi	iness or Residence Address (Number and Street, City, State, Zip Code)			-
Nam	ne of Associated Broker or Dealer			
AL IL MT RI	es in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	H M O	I III) 10 A
	Name (Last name first, if individual)			_
Busi	iness or Residence Address (Number and Street, City, State, Zip Code)			
Nam	e of Associated Broker or Dealer	-		
AL IL MT RI	es in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AK AZ AR CA CO CT DE DC FL GA IN IA KS KY LA ME MD MA MI MN NE NV NH NJ NM NY NC ND OH OK SC SD TN TX UT VT VA WA WV WI	HI M OI W	I ID) (O A
Full .	Name (Last name first, if individual)	<u></u>		_
Busin	ness or Residence Address (Number and Street, City, State, Zip Code)			
Nam	e of Associated Broker or Dealer			_
State	s in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		All States	-
AL IL MT RI	AK AZ AR CA CO CT DE DC FL GA IN	HI M OI W	I ID MI	0

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXP	ENSES AN	ND USE OF PRO	CEEDS
amou is an (the aggregate offering price of securities included in this offering and the antialready sold. Enter "0" if the answer is "none" or "zero." If the transactive exchange offering, check this box and indicate in the columns below the note of the securities offered for exchange and already exchanged.	total		
Type of Sec			Aggregate fering Price	Amount Already Sold
		\$	(1)	\$(1)
	Common Preferred			
	Securities (including warrants) (Subscription Receipts)	s	25,803 (1)	\$14,486 (1)
Partnership	Interests	\$		\$
	cify)	\$		\$
Total		\$	25,803 (1)	\$ 14,486 (1)
one-half of share of co 2. Enter securi offeri securi	ering was for subscription receipts, automatically convertible into unit one common stock purchase warrant at no additional cost. Each war ammon stock at a price of Cdn\$0.50 per share for a period of 12 month the number of accredited and non-accredited investors who have purchase ities in this offering and the aggregate dollar amounts of their purchases. For a great conditions and the aggregate dollar amounts of their purchased ities and the aggregate dollar amount of their purchases on the total lines. "O" if answer is "none" or "zero."	rant may l as following d	be exercised for th	ne purchase of one additional
			Investors	Amount of Purchases
Accredited	Investors		1	\$ 14,486
Non-accred	ited Investors		0	0
Total	(for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if file	ing under L	JLOE.	
reque: indica	filing is for an offering under Rule 504 or 505, enter the information sted for all securities sold by the issuer, to date, in offerings of the types ated, in the twelve (12) months prior to the first sale of securities in this ng. Classify securities by type listed in Part C — Question 1.	Тур	e of Security	Dollar Amount Sold
D. J. 505		¢.		•
	Α	³ <u></u> -		-
	A			
		\$		\$
distrib organ future	mish a statement of all expenses in connection with the issuance and oution of the securities in this offering. Exclude amounts relating solely to ization expenses of the insurer. The information may be given as subject to contingencies. If the amount of an expenditure is not known, furnish an)		
	ate and check the box to the left of the estimate.			S
-	gent's Fees		7	φ
_	I Engraving Costs			800
•	Fees		Ä	000
	g Fees		ឣ	
Sales Come	nissions (specify finders' fees separately)		H	
	nses (identify)		H	
-	iiscs (identity)		⊠	\$ 800
ividi	***************************************		KX	*

٠	C. OFFERING PRI	CE, NUMBER OF INVESTORS,	EXPEN	NSES AND U	SE OF PROCE	EDS	
	b. Enter the difference between the ag	grande offering price given in reco	once to				
	Part C — Question 1 and total expense						
	Question 4.a. This difference is the "ac						25,003
	Question 4.a. This unference is the ac-	,	<u></u>	23,003			
	Indicate below the amount of the adjus	ted gross proceed to the issuer used	OF				
	proposed to be used for each of the pur			2			
	is not known, furnish an estimate and o	check the box to the left of the estim	ate. The	;			
	total of the payments listed must equal	the adjusted gross proceeds to the i	ssuer set	t			
	forth in response to Part C - Question	ı 4.b above.					
	•			Payments t	o Officers,		
				Directors &	k Affiliates	Payment	s to Others
			_	-			
	ries and fees			\$	🛚 :	<u></u>	
	hase of real estate			\$		<u> </u>	
ITÇ	hase, rental or leasing and installation of	f machinery and equipment		\$		\$	
n(struction or leasing of plant buildings an	d facilities		\$:	.	
q	uisition of other businesses (including th	e value of securities					
vo	lved in this offering that may be used in	exchange for the					
se	s or securities of another issuer pursuan	t to a merger)		\$:	.	
:pa	syment of indebtedness			\$		\$	
or	king capitat			\$	<u> </u>	5	250803
hę	r (specify):	·					
			_		_		
		<u> </u>		\$		<u> </u>	
	mn Totals			\$		<u> </u>	25,003
ta	l Payments Listed (column totals added))			፟ \$25,003		
_	 	····			,		
		D. FEDERAL SIGN.	ATURE	1.742		· · · · · · · · · · · · · · · · · · ·	·
	issuer has duly caused this notice to be sature constitutes an undertaking by the is						
	nformation furnished by the issuer to an						
su	er (Print or Type)	Signature		D	ate		
xe.	a Energy Inc.	14XM	ner	Se Se	eptember 29, 200	98	
	e of Signer (Print or Type)	Title of Signer (Print or Type)					
an							

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

The second secon	E. STATE SIGNATURE	Marija, ili sa tega a katala a katala
I. Is any party described in 17 CFR 230.26	? presently subject to any of the disqualification p	Yes No revisions of such rule?
	See Appendix, Column 5, for state response.	
The undersigned issuer hereby undertake: (17 CFR 239.500)-at such times-as-require	s to furnish to any state administrator of any state red by state law:	in which this notice is filed a notice on Form D
3. The undersigned issuer hereby undertakes offerees.	s to furnish to the state-administrators, upon writt	en request, information furnished by the issuer to
·	e issuer is familiar with the conditions that must be in which this notice is filed and understands that that these conditions have been satisfied.	
The issuer has read this notification and knows undersigned duly authorized person.	the contents to be true and has duly caused this n	notice to be signed on its behalf by the
Issuer (Print or Type)	Signature	Date
Axea Energy Inc.	Ail Selmake	September 29, 2008
Name of Signer (Print or Type)	Tile of Signer (Print or Type)	
Gilbert G. Schneider	President, Chief Executive Officer, Chief Fi	nancial Officer and Secretary

Instruction:

Print the name and title of must be manually signed.	the signing representative under h Any copies not manually signed t	is signature for the state portion of must be photocopies of the manual	f this form. One copy of every	y notice on Form D or printed signatures.

l l		2	3 Type of	4			<u> </u> 	5	
	accredited St	sell to non- investors in ate -Item ()	security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part-E-Item-1)		
				Number of			(, , , , , ,		
State	Yes	No		Number of Accredited investors	Amount	Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR					-				
CA		xx	Subscription Receipts, Units of Common Stock and Common Stock Purchase Warrants, and Common Stock -	1	\$14,486	0	0	,	
			\$25,803	- -					
СО									
СТ									
DE									
DC									
FL									
GA		<u> </u>							
Нí									
ID.						_			
IL.									
IN									
IA									
KS									
KY							,		

APPENDIX

2 4 5 Type of security and aggregate Disqualification under State ULOE (if yes, offering price offered Intend to sell to nonattach explanation of waiver granted)
(Part E Item 1) accredited investors in in state Type of investor and amount purchased in State State (Part C-Item (Part B-Item 1) I) (Part C-Item 2) Number of Number of Non-Accredited Accredited State Yes investors Investors Yes No No Amount Amount LA ME ME ΜI MN MS MO МТ NE ΝV NH NJ NM NY NC ND ОН OK OR PA RI SC SD TN

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1		2	3	i		4			5
	}		Type of security and					 	
			aggregate						
	ł		offering					Disqualification under State ULOS (if yes,	
		ell to non-	price offered						
		investors in	in state					attach explanation of	
		ate	(Part C-Item	Type of t	nvestor and ar	nount purchased	in State	waiver granted) (Part-E-Item-1)	
	(ran b	-Item 1)	1)	 	(Рап С	-Item 2) Number of		(Fait-is	-110111-1-)
				Number of		Non-			1
				Accredited		Accredited			
State	Yes	No		investors	Amount	Investors	Amount	Yes	No
TX									
υτ									
VT		• • •							
				 					
VA									
WA			1						
wv									
WI									
WY									
PR									

